

Victorville Municipal Utility Services (VMUS)

18374 Phantom West • Victorville, CA 92394 Phone: (760) 243-6340 • Fax: (760) 269-0039 Email: UtilityServices@victorvilleca.gov



WILL-SERVE LETTER REQUEST

1. PROJECT INFORMATION All information must be completed in its entirety so as to not delay the Will-Service Letter.		
Company Name:	enurely so as to not delay the will-service Letter.	
Project Name:		
Date:	/ / 20	A.P.N.:
Services Requested:		Natural Gas (Complete Section 3B)
Project Location:		
Project Description:		
2. CONTACT INFORMATION		
Be sure to complete all required information Contact Name:	tion.	
Title:		
Mailing Address:		
Phone:		Cell Phone: () -
Email:	-	Cell Filone. () -
	USE INFORMATION	
3A. ELECTRIC SERV	ICE INFORMATION	
	Winter (Estimated)	Summer (Estimated)
Demand Monthly Peak (kW):		
Demand Monthly Average (kW):		
Usage Monthly Average (kWh):		
Serving Voltage:		Panel Amp Size:
No. of motors 75hp & up:		'
Emergency generators on site?	☐ No ☐ Yes If Yes, How Many?	
3B. NATURAL GAS SERVICE INFORMATION		
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	Connected Load Calculation (BTUs)	Future Load Calculation (BTUs)
Water Heater(s):		
Heating:		
Boiler(s):		
Other:		
Total:		
Pressure Requested:	7" W.C. 2 PSI 5 PSI Other:	<u> </u>
4. WILL-SERVE INFORMATION To be completed by VMUS Staff Only.		
Date Request Received:	// 20	
Existing Mainline?	□ No □ Yes	
Study Required?	☐ Feasibility Study ☐ Environmental Study ☐ Not Required ☐ Other:	
Comments:		
Reviewed By:		

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